

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS649HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2010
NAME OF PROVIDER OR SUPPLIER NORTH VISTA HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 3/16/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00024565 was substantiated with deficiencies cited. (See Tag 105) Complaint #NV00024541 was substantiated with no deficiencies cited.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000		
S 105 SS=F	<p>NAC 449.322 Housekeeping Services</p> <p>1. A hospital shall establish organized housekeeping services planned, operated and maintained to provide a pleasant, safe and sanitary environment. Adequate personnel, using accepted practices and procedures, shall keep the hospital free from offensive odors, accumulations of dirt, rubbish, dust and safety hazards.</p>	S 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS649HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/16/2010
NAME OF PROVIDER OR SUPPLIER NORTH VISTA HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1409 EAST LAKE MEAD BLVD NORTH LAS VEGAS, NV 89030		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 105	Continued From page 1 This Regulation is not met as evidenced by: Based on observation, interview and document review, the facility failed to keep the patient bathrooms in the main lobby and emergency department clean and sanitary (5 of 5 bathrooms observed). Severity: 2 Scope: 3	S 105			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.